XVIII Airborne Corps and Fort Bragg Legal Assistance WILL WORKSHEET

Please Print Legibly and Fill Out Completely

1. Full Name (first, middle, last):	→ Are you deploying soon? Yes / No
SSN (Last Four):; Rank:; Military Un	it (if applicable):
2. State of Legal Residence:	Email:
3. Full Street Address:	Home Phone:
4. Military Status:Active Duty;Retired;Family	Member; Deploying Civilian; Reserve/National Guard
5. Marital Status: Single; Married; Widow(er); Div	vorced (Name(s) of divorced spouse(s)):
6. Name of Spouse (first, middle, last):	→ Spouse's SSN Last Four:
7. Names (first, middle, last) & Ages of Children: Please circle	e (N) natural, (A) adopted, (S) stepchild;
Age: N A	
Age: N A	S Age: N A S
Age: N A	S Age: N A S
 Do you own any interest in a family owned farm or but Do you own any real estate (land, house)? Yes / No Do you want to give your real estate to: a specific of Specific person(s):	If yes, in what state(s)? to the beneficiaries listed below in Section 9?
Name: Name: Name: Name:	
9(a). If one of beneficiaries listed above dies before you, who of the children of the deceased beneficiary; -orsomeone else: Name:	the surviving beneficiaries specifically named above; -or- Relationship:
Name:	
9(b). Do you have something you want to expressly give to some Item(s): Item(s):	Beneficiary:
9(c). Do you want to expressly disinherit someone (i.e., give s Name: Name:	Relationship:
Who do you want to gather the assets of your estate, pay off you you may choose your spouse or anyone else. You should choo important task. [The following states may require your Execute AL, FL, IN, KS, OH, TN, VA, WV.]	ONAL REPRESENTATIVE ur bills, and distribute what is left over to the beneficiaries you choose? se someone you can trust and who is mature enough to carry out this or to be a resident of that state unless your Executor is a close relative: Relationship:
	Relationship:
Alternate 2:	Relationship:

**continued on back **

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GUARDIAN OF YOUR MINOR CHILDREN

child(ren) if both you and the other parent dianal WV may require that guardians live in t	ie before the child(ren) reach the age o hat state, unless the named guardian i.	ortunity to nominate individuals to raise your f 18. [The states of AL, FL, GA, IN, KY, OH, TN, s a close relative.]
Alternate:		elationship:elationship:
		r is receiving any benefits due to a disability***
	PROVIDING FOR YOUR CHILI	DREN
Your legal assistance	options to provide financially j attorney can discuss both of th questions about the selection th	
OPTION #1		
will have discretion over the money (this per children). The person that you designate as emergency, maintenance or even support for they reach an age of your choosing or split in to receive your SGLI benefits to hold those to	rson may or may not be the same person trustee can utilize funds in the Trust for your children. However, the bulk of the total and portions as suggested below. Funds in Trust for the benefit of your classics.	he funds will be held in trust for your children until In addition, the Trustee can be listed as the person
(½ at 21, ½ at 25, ½ at 30)	(1/3 at 25, 1/3 at 30, 1/3 at 35)	or all at age:
My trustee will be: Primary:Alternate:		Relationship:
OPTION #2		
executor discretion over the money. This all benefit of the child and/or hold it until the ch	lows the executor to give the money (a nild reaches a designated age (18-21).	hay include language in your Will giving your all at once or periodically) to the guardian for the Under this option, the executor does not have any surity level of the child, and MUST disburse any
If you decide to choose this option, your exe 18 19 20 21	cutor will manage the money until you	or child/children reach the age (circle one):

It is also necessary to discuss with your legal assistance attorney how SGLI (or any other life insurance) should be coordinated with your will, particularly the provisions pertaining to your children. Your attorney can provide guidance on any changes that may need to be made to your SGLI election form.